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KAZAKHSTAN

TUBERCULOSIS PROFILE



Country Population	15,314,000
Est. number of new TB cases	19,961
Est. TB incidence (all cases per 100,000 pop)	130
DOTS population coverage (%)	100
Rate of new SS+ cases (per 100,000 pop)	59
DOTS case detection rate (new SS+) (%)	69
DOTS treatment success rate, 2005 (new SS+) (%)	71
Est. new adult TB cases (HIV) + (%)	0.5
New multidrug-resistant TB cases (%)	14.0
All data are for 2006 except where otherwise noted. WHO Global TB Report 2008 and WHO Anti-Tuberculosis Drug Resistance in the World Report, 2008	

Kazakhstan is among the top priority countries in Europe for improved tuberculosis (TB) control and prevention. In November 1998, the Ministry of Health (MOH) issued an official regulation making DOTS (the internationally recommended strategy for TB control) the standard national protocol for TB treatment, and DOTS coverage has been maintained at 100 percent since 1999. The estimated TB incidence rate of 130 cases per 100,000 population is the third highest in Europe and Eurasia. According to the World Health Organization's (WHO's) Global TB Report 2008, Kazakhstan had nearly 20,000 TB cases in 2006, almost a 10 percent decline from the peak number reported in 2003. Of these, about 45 percent were cases of sputum smear-positive (SS+) TB.

While incidence is declining and the overall management of TB in the country is improving, intensified measures are needed to stem Kazakhstan's increasing prevalence of multidrug-resistant (MDR) TB. In 2008, there were 2,836 cases of MDR-TB patients among new cases that represented 14 percent of the total new cases reported, and an additional 3,773 reported MDR-TB cases among old cases. National data estimate MDR-TB to be as high as 20 percent, with an estimated 7,000–8,000 new MDR-TB patients in Kazakhstan each year.¹ TB is also an acute problem in the penitentiary system and among former prisoners. In 2007, the case notification rate in prisons was 750 cases per 100,000 population, about five times the countrywide level, and treatment follow-up of released prisoners is a challenge to TB control. The National TB Center (NTBC), which implements TB activities, faces many challenges, as financial and human resource allocation within the TB program is inefficient.

Despite these difficulties, Kazakhstan is considered a relatively successful country compared to other Central Asian Republic countries. The Government of Kazakhstan recognizes the importance of TB control and is working to establish an effective system to fight TB. The NTBC, with USAID support, has developed the National Intersectoral Action Plan for Implementation of TB Control Program for 2008–2012. Most case detection occurs within the primary health care system, and all TB and primary health care providers are responsible for identification and referral of TB suspects. Much progress has been made toward integrating TB diagnosis and treatment into primary care; however, Kazakhstan still maintains some outdated practices. With a Round 8 grant from the Global Fund to Fight AIDS, Tuberculosis and Malaria, the government plans to establish a routine drug resistance surveillance system that utilizes drug susceptibility testing in the near future.

USAID Approach and Key Activities

USAID assistance is channeled through national-level interventions (policies, national guidelines, and capacity building of the NTBC), as well as through *oblast*-level activities at pilot sites. Since 1997, USAID has supported Project HOPE to address TB control and since 2000, Project HOPE has worked primarily in the Almaty *oblast*. In 2008, USAID committed additional financial resources to assist in DOTS expansion to five additional regions. In fiscal year 2008, USAID funds for TB programming totaled \$1.4 million. USAID's assistance includes the following activities and interventions:

- Improving the capacity to implement quality DOTS in three sectors: the TB care network, at the primary health care level, and the prison system
- Strengthening the health system by supporting integration of health care services, outcome-based TB financing, and result-oriented health care management

¹ WHO Anti-Tuberculosis Drug Resistance in the World Report, 2008.

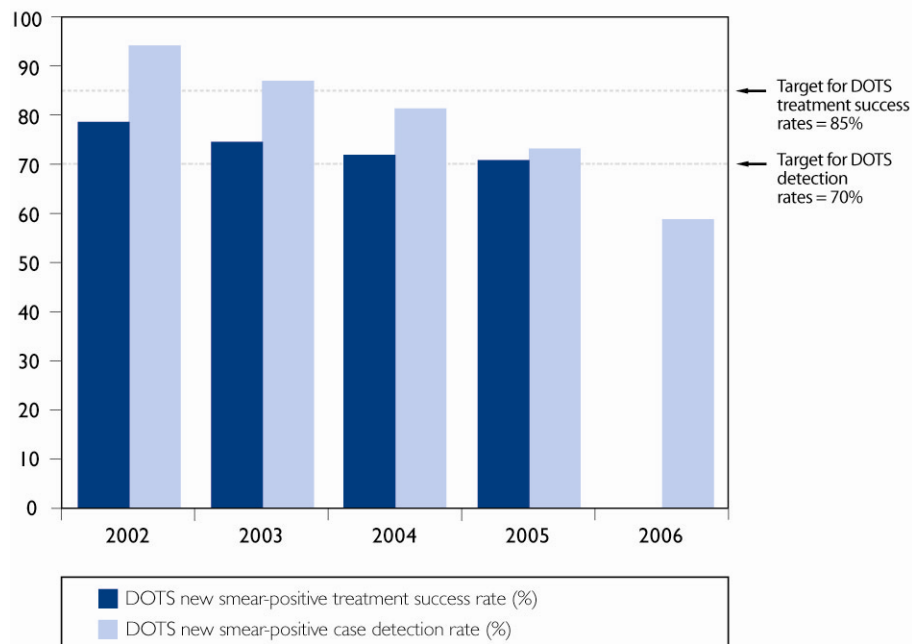
- Investing in technical assistance (TA) for drug management and logistics and advocating for sustained national funding and centralized procurement of TB drugs
- Developing a comprehensive policy for human resource development for TB control
- Building capacity of the National TB Control Program in epidemiology, data analysis, evidence-based decision-making, and the use of the TB Electronic Surveillance and Case Management system
- Supporting the design and implementation of community mobilization activities in order to reduce stigma and encourage care-seeking behaviors
- Creating a routine referral and data collection system for TB-HIV cases and improving TB staff knowledge in HIV/AIDS issues
- Providing social support to TB patients released from prison in order to increase adherence to TB treatment

USAID Program Achievements

USAID's assistance has contributed to the following improvements in TB control:

- Assisted the NTBC in developing a five-year TB control strategy
- Supported procedures that direct MOH staff on how to manage MDR-TB
- Implemented external quality assurance for microscopy laboratories in the Almaty region that can be adopted for use at the national level
- Conducted a study on TB among migrants in two *oblasts* and the city of Almaty to assess TB burden among at-risk populations
- Financed an MDR-TB control program piloted in the Almaty region that was adopted for use at the national level
- Improved TB referral mechanisms between civilian outpatient and penitentiary systems
- Provided national experts with TB drug management logistics training to help decentralize drug procurement
- Conducted operational research to support the institutionalization of undergraduate medical education and developed a list of recommendations on improving practical skills at the undergraduate level
- Provided TA on the successful application to the Green Light Committee for second-line drugs for 350 patients in Almaty

Case Detection and Treatment Success Rates Under DOTS



Note: DOTS treatment success rate for 2006 will be reported in the 2009 global report.
Source: Global tuberculosis control: Surveillance, planning, financing: WHO report 2008.

Partnerships

Partnerships are an important element in combating TB in Kazakhstan. USAID is one of the main donors in Kazakhstan and provides support mainly through the Project HOPE, who is the lead member of a consortium that includes John Snow, Inc, Johns Hopkins University's Center for Communication Programs, and the New Jersey Medical School's Global Tuberculosis Institute. USAID also supports a two-year MDR-TB case management and social support project that is being implemented by the Tuberculosis Control Assistance Program, which is managed by the KNCV Tuberculosis Foundation. The KfW (German Development Bank) supports TB control through investments in facility renovations and procurement of equipment for laboratories, and WHO provides TA. USAID also provides support to the U.S. CDC for national TB surveillance and information systems, the Capacity Project, and the ZdravPlus Project. The Global Fund approved a Round 6 grant to Kazakhstan for \$9.8 million in 2007 and a Round 8 grant for \$63.0 million in 2008 to reduce the burden of TB and scale up the management of MDR-TB.

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